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ABSTRACT

This practicum was designed to enhance the self-esteem of abusive and potentially abusive parents. A combination of strategies was used to enhance self-esteem and to help parents solve problems in an appropriate manner. The intervention strategy included three objectives: (1) gain the confidence of the participants; (2) use a curriculum that allowed parents to explore and express their feelings about their past and future as these related to their parenting skills; and (3) presentation of situations that stimulated parental problem solving. Materials from an existing curriculum on self-esteem in abusive parents was used on the parents of children (ages birth to five years) in a private, non-profit child care center. Most of the parents were referred by social agencies in response to suspected abuse or neglect. Participants were allowed ample time during individual and group sessions to discuss their concerns and questions regarding their roles as parents. Pre- and post-test measurements indicated that all program objectives were met. Parents improved their ability to approach parenting problems in a positive rather than in an abusive manner. It is believed that much of the program's success had to do with the individual attention that each parent received. (RJM)

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Establishing A Short Term Program Component To Build Self-Esteem In A Small Group Of Abusive And Potentially Abusive Parents

by

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Cohort 12F

A Practicum Report Presented to the
Master's Programs in Child Care. Youth Care and Family Support
in Partial Fulfillment of the Requirements
for the Degree of Master of Science

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ABSTRACT

Establishing A Short Term Program Component To Build Self-Esteem In A Small Group Of Abusive And Potentially Abusive Parents. Zimmerman, Judith, 1993: Practicum Report, Nova University, Master's Program in Family Support Studies. Descriptors: Child Abuse/Early Parenthood/Self-Esteem/Parent Education/Parenting Skills/Teenage Pregnancy.

This practicum was designed to enhance the self-esteem of a small group of abusive and potentially abusive parents. The program setting had identified this enhancement as a process objective, but did not have a specific program that addressed this need.

The author utilized a combination of strategies designed to enhance self-esteem and to help parents solve problems in an appropriate and non-abusive manner. Materials from an existing curriculum that addresses self-esteem in abusive parents was used. Additional strategy included allowing paticipants the time for individual and group time discussing their concerns and questions regarding their roles as parents, as well as opportunities for successful experiences.

The results of the data used to measure program success were very favorable. All program objectives, which included the improvement of scores for five of the seven participants, were met. In addition, parents improved their ability to approach parenting problems in a positive rather than abusive manner. In addition, administration and staff recognize the importance of incorporating this type of component in the program and added staff to do so.

TABLE OF CONTENTS

Chapter		Page
I	Introduction and Background	1
II	Study of the Problem	4
	Problem Statement	4
	Documentation of the Problem	4
	Analysis of the Problem	5
	Review of the Literature	7
III	Solution Strategy	11
	Goals and Objectives	11
	Program Models	11
	Influences on Strategy Selection	17
	Report of Action Taken	18
	Discussion of Strategy	24
IV	Results	27
V	Conclusions and Recommendations	32
	Conclusions	32
	Recommendations	35
	Plans	35
References		37
Appendices		
	A Proposed Implementation Plan	39
	B Summary of Intervention Strategy	44

CHAPTER I

INTRODUCTION AND BACKGROUND

The practicum setting is a child care center supported by a private, non-profit agency. The agency coordinates existing services, provides education to and identifies service needs of abusive and potentially abusive families. There are three child care centers operated by the agency within the county. These centers are funded by government grants (67.7%), United Way (7.1%), and private contributions (25.2%). The center in which the practicum was conducted serves a widespread geographical area in a rural part of the county. The center is licensed by the local child care licensing agency and provides daily child care and services to approximately 15 children. The children range in age from birth to age five and remain at the center for a five month period. One goal of the program is to prepare the children for entrance into a traditional child care setting after that five month period.

The participants are referred to the program by both private and public social service agencies. Some participate voluntarily after hearing of the program from past participants or community resources such as the local health clinic. The majority of the parents are referred by social agencies in response to suspected abuse or neglect.

Parent involvement is mandated and participants are required to accompany their child to the center two days per week. During that time parents spend a minimum of four hours of supervised parent/child interaction. Parents also accompany children and staff on field trips. The parents are required to spend a minimum of two hours in counseling and/or parent education classes each week. A nutritionist and health worker from the county extension office visit the center once a week to conduct classes in those subject areas. Counseling is provided by the director of the agency who is a social worker and parenting classes are conducted by the center's director who is a Child Development Associate. If additional counseling services are deemed necessary, parents are referred to local mental health agencies.

The center staff consists of a director, three teachers, and a cook. Volunteers from the community are also recruited. There is a retirement community nearby and the Foster Grandparents Program is actively involved in providing volunteers to the center. Health and Rehabilitative Services (HRS) workers visit the center in order to monitor those referred through the courts or the Department of Rehabilitative Services. Parent education is provided by the director and other professionals. The areas of medical care, safety, emotional health and protection are covered by community agencies at the center or through referrals.

The teachers are trained to provide an environment for children that ensures safety and emotional security. One of the teachers is a CDA and the other has a degree in early childhood. In addition to their formal child development credentials, they have completed training through courses that deal with child abuse and neglect. A cognitive learning program that encourages success and builds positive self-esteem in children is implemented by the center's staff. During their daily stay at the center the children are also provided with 80% of their nutritional needs.

The author's role in the setting is one of mentor. As the director of a large child care center the author had participated in a project to improve the quality of child care in the county. Those directors in the project agreed to be mentors for other centers. The author accepted that role in the parenting component of the practicum setting. The author spent an average of eight hours per week in the practicum setting implementing the practicum project and was given full approval for any program implementation by the agency's director. The author, in her role as a center director had worked very closely with parents and has conducted many parenting workshops and support groups.

CHAPTER II

STUDY OF THE PROBLEM

Problem Statement

The child abuse prevention agency, which established this program, identifies the building of parental self-esteem as one of its process objectives. The program design indicates an assumption that the provision of educational and supportive services would serve as a catalyst for enhancing parental self-esteem. Therefore, there was no specific program component to directly address this objective.

Documentation of the Problem

An examination of the program description and individual treatment plans indicated the recognition of self-esteem as an important program outcome. These documents connote the role that self-esteem plays in reducing abusive behaviors in parents. However, there was no specified program or materials that directly addressed the area of self-esteem.

The program is designed to provide support and immediate relief from pressures leading to abuse and to model appropriate parental behavior. The program serves as a supportive resource for parents by providing counseling and parent education. Parents and children are brought together in an atmosphere where the teachers and volunteers serve as role models for interaction.

The program description also lists the building of self-esteem as an objective, but does not indicate a method for its achievement.

An individual treatment plan is provided for each parent upon entering the program. The format of the treatment plan was devised by the program administrator and consists of identification of goals and a description of plans to meet them. Selection of objectives is drawn from results of the Child Abuse Potential Scale (CAPS) as well as through discussion with the parents regarding their perceived needs. The author examined all treatment plans for the participants in the practicum setting. Goals for the majority of participants were those related to reducing stressors, acquiring parenting skills and continuing education, since most of the participants had not graduated from high school. Plans included strategies to meet those goals by using the resources and professionals available at the center. Every individual treatment plan included the enhancement of self-esteem as an identified objective as indicated by the results of the CAPS. Although individual plans devised for each of the parents targeted the improvement of self-esteem as a goal, there was no specified strategy designated to help the parents achieve that goal.

Analysis of the Problem

The inclusion of improving the self-esteem of parents as a program goal indicates its importance as a program component. It

had not been addressed yet because, in this setting, the program's staff is trained to deal with the needs of the children and, the director focus is to find ways to meet the pressing needs of the parents. The professionals brought in to work with the parents were addressing areas necessary to the health and safety of the parents and children. The assumption was that enhancement of self-esteem would be a by-product of provided services and education.

The program design included many opportunities for measuring parent/child interactions and for providing the children with an enriched environment that fostered a positive self-esteem. An emphasis on the child's environment and early childhood education in order to develop trust and attachment to the adults in their lives was also an integral part of the program. The teachers' top priority was to meet the needs of the children in order to assure their well-being.

The director is responsible for implementation of individual treatment plans for the parents. She conducts parent education classes and facilitates issues that address the immediate needs of the parents. These needs are top priority and they must be weighed and prioritized by the director. Therefore, the director's duties leave little to focus on other issues. Those professionals brought in to work with the parents are specialists in areas such as nutrition, safety, hygiene and sexual protection.

There was no one working with the parents whose sole purpose was to implement a plan designed to build a positive self-esteem of the participants.

Observations and interviews by the author over a period of four weeks prior to beginning the project indicated that the staff of the center was very dedicated to the parents and children in the program. Conversations with the staff offered no evidence of opposition to the addition of a component that would address the self-esteem of the parents. On the contrary, the staff indicated that they would welcome such a program. The omission of such a component seemed to have been based, not on the premise that it was unimportant, but rather on the assumption that the educational and service provisions to the parents would serve to bring about an improvement in their self-esteem.

Review of the Literature

A review of the literature points out the importance of a self-esteem component in parenting programs. Von der Hellen (1990), emphasizes that programs for adolescents, including those for pregnant and adolescent mothers need to have a focus on promoting self-esteem and providing opportunities to explore, problem-solve and question. Self-esteem is particularly important in programs that deal with abusive parents. Anderson and Lauderdale (1982) document the correlation between low self-esteem and abusive parenting:

> The parents in this study could be characterized as individuals who view themselves as being worthless, have poorly integrated personalities, and feel confusion and conflict in terms of their basic sense of self. A low level of self-esteem, coupled with the failure to parent adequately as evidenced by the abusive behavior points to the general failure of the client group to engage in successful social functioning. (p. 287)

Further evidence of this correlation between self-esteem and abuse is presented by Braun and Fuscaldo (1988), in their study of teen mothers. They found that those individuals with higher self-esteem scores believed more in the use of non-abusive means of discipline, and conversely, those with low self-esteem were more likely to purport abusive attitudes.

In their final implementation report of Project Redirection, a program for pregnant and parenting teens, Branch, Ricchio, and Quint (1984), point out the importance of the self-esteem component. The foundation of the project is based on the premise that changing behavior is directly related to the enhancement of self-esteem. This is accomplished through praise of the participants by reinforcing successful achievements, no matter how small. As one counselor stated, "The goal is to help teens to like themselves, take control of their lives..., and to see that their lives are not predestined." (p. 39) Program designers

recognized that enhancement of self-esteem must be not just a part of the philosophical framework. They acknowledged that staff members implementing other program elements would not have the time to be responsible for this component as well. Therefore, outreach workers are provided to specifically address this objective. These workers referred to as "community women," are responsible for informal relationships with participants. They help the teens with everyday problems and build self confidence by being a mentor and are available on a one-to-one basis for the program participants as role models and confidants.

The Children's Play Room, Inc., in Harrisburg, Pennsylvania is an example of a child abuse prevention program which recognizes the need for a separate component which addresses self-esteem. This component was added ten years after the program's inception in response to meeting the needs of individual parents participating in the program. This need is addressed through the use of trained and supervised volunteers who work with parents on an individual basis to help raise their self-esteem and to help them develop skills that will develop self-confidence (Christopher, 1990).

Bourque (1983) points out that abusive parents need a more intensely personal program in order to feel good about themselves. They need a program which not only provides parenting

education and counseling, but also provides "reparenting." This helps parents find their strengths through the process of self-exploration.

The literature cited points out the importance of a separate component designed to target the enhancement of self-esteem of parents. This seems to be especially significant in programs directed towards abusive and neglectful parents. Program designers should not assume that other services will provide an enhancement of self-esteem for parents. Therefore, the evidence implied that devising and evaluating a separate component addressing this need would be beneficial to the participants in the practicum setting.

CHAPTER III

SOLUTION STRATEGY

Goals and Objectives

The goal of this practicum was to develop a program component to build self-esteem in a small group of abusive and potentially abusive parents and therefore increase their ability to problem-solve.

Practicum objectives to be accomplished during the implementation period were:

1. To increase the self-esteem of five of the seven participants by at least three points on the Ego Identity Scale (Tan, Kendis, Fine and Porac, 1977), and ten points on the Index of Self-Esteem (Hudson, 1982).

2. To improve by 40 % the ability of five of seven participants to resolve parenting problems appropriately as measured by pre and post testing using hypothetical situations.

Program Models

The increase in reported cases of parental child abuse has raised consciousness on this issue and a variety of programs and solution strategies are being proposed and implemented (Stein & Haggard, 1989). Many of these programs are designed to meet the needs of teen parents who have not had a chance to develop a positive self-image and are now faced with difficult decisions brought on by parenting (Robichaux, et al., 1989). The research

indicates that abusive parents, in particular, need to feel good about themselves and be confident in their judgment before they are able to take a non-abusive approach to parenting (Anderson & Lauderdale, 1982). Successful programs offer a comprehensive approach to meet the multiple and varied needs of families. They also recognize the importance of the inclusion of self-esteem building in order to help parents develop independence and decision-making skills. (Houtz, Tetenbaum & Phillips (1981).

Steffenhagen (1990), defines self-esteem as, "the totality of the individual's perception of self, his self-concept mental, his self-image physical, and social-concept cultural." (p. 24) This definition indicates that programs designed to bolster self-esteem need to include comprehensive and diverse strategies.

The Avance Program (Weiss & Jacobs, 1988), in San Antonio, Texas, is an example of a program that addresses parental self-esteem by empowering parents to see themselves as a strong influence in their child's life. "Avance aims to prevent or alleviate a wide range of problems including illiteracy, child abuse and neglect, mental health problems (self-esteem, isolation, depression), substance abuse, crime and violence, poverty and government dependence." (p. 288) The program was established to bolster the educational needs of children by empowering parents. The goal is to help educate and build confidence in parents in order to have them raise competent, independent and productive members of society.

Nickel and Delaney (1985) emphasize the importance of programs which give young people the opportunity to practice life management skills in order to develop leadership abilities and increase their self-esteem. They point out programs such as The Door in New York City as a comprehensive teen-parenting program. This program offers health and family planning, mental health, information and referral and self-development activities which bolsters self-esteem in each participant. The program's success is due largely to the feeling of membership on the part of participants. This enables participants to take pride in their accomplishments and in the overall success of the program. They also describe the Addison County Parent/Child Center facility in Middlebury, Vermont as a program which includes a combination of education and self-esteem building. The staff is trained to model parenting techniques and to praise participants when they exhibit acceptable parenting methods and mature problem-solving skills.

Another program model described by Nickel and Delaney, (1985) is the St. Johnsbury Parent-to-Parent Support Program. The program design recognizes that in order to enjoy parenting, teens need to feel self-confident. To meet this need, each participant is paired with a home visitor who has had similar parenting experiences. These trained volunteers make regular

home visits to teens, not only to educate, but to praise each of the teen parents and build self-esteem.

Pooley and Littell (1986) illustrate the importance of programs that allow teenage parents opportunities to build self-esteem. The Parenting Program of the Booth Maternity Center in Philadelphia is one of the programs that they refer to as being successful in this area. The program provides a variety of services which includes parent-child workshops during which teens make something for themselves or their baby. These workshops provide the opportunity for each parent to have successful expe-riences as they work hands-on and follow through on a project from start to finish. This component specifically targets the enhancement of self-esteem.

The Wisconsin Council on Vocational Education (1990), re-viewed the Head Start Family Program in Glenwood City, Wisconsin, which concentrates on single parents. The program focuses on the improvement of self-esteem and decision-making. The council attributes program success to allowing participants to make choices which, in turn, help them develop a positive self-concept and the ability to make informed decisions.

Braun and Fuscaldo (1988), in their study of the Parent Linking Project, conclude that teenage parents with higher self-esteem believed more in the use of non-abusive discipline. This project was comprehensive in nature and focused on the teen

parents' emotional as well as physical needs. The program improved the self-concept of the parents through a variety of activities such as skits, discussions, and role playing. The program also allowed for individualization depending on the needs of participants. Parents were given opportunities to discuss their concerns not only during group time, but privately with program personnel.

Perhaps one of the most comprehensive programs for teen parents is Project Redirection. (Branch, Riccio and Quint, 1984) Redirection's goal is eventual self-sufficiency and responsible parenting. In order to help meet that goal, the staff is trained to realize the importance of increasing the parents' sense of control over their own lives. The project provides a supportive atmosphere where the teens can freely discuss the problems they encounter regarding parenting and where a number of choices and solution strategies can be considered. Successes encountered by the teens, regardless of their magnitude are recognized and encouraged. Individualized attention is available and targeted as a vital part of self-esteem building. Life management skills are also incorporated into the program through a variety of ways that range from formal workshops to dealing with a particular problem or incident expressed by a participant in the program. The program evaluation emphasizes this component as being important in the area of abuse prevention by educating parents as to dangers for themselves and their children.

The Washington State Commission for Vocational Education developed a pilot program for neglectful and abusive parents (Bourque, 1983) which included a curriculum entitled "Parenting for Yourself and Your Child." The curriculum consists of classroom materials and techniques in ten different areas including child development, self-esteem, problem-solving, dealing with anger and how to change the past. The emphasis is on dealing with the parents as individuals who have not had a chance to explore and understand the connection between their childhood experiences and their parenting skills. The curriculum guidelines clearly define the role of the educator and importance of self-esteem building:

> In parent education there are not easy answers....People learn better after they have had their initial questions on the subject answered. The questions personalize the topic on the learner's level....It is possible to have a parent describe the problem and then the instructor reformulate the issue in line with the topic of the class. The various ways of dealing with the problem can then be evaluated and some solutions can be eliminated as inappropriate, infeasible or damaging to the child...This process encourages participation and reassures them of their competencies and abilities to deal with the complexities of family life. (p. 7)

Influences on Strategy Selection

In order to include a component that addressed the self-esteem of each parent participant at the practicum site, a combination of strategies was utilized during the ten week implementation period. These elements were those identified as successful by existing models cited, and included: gaining the confidence of program participants, allowing for successful experiences through a hands-on project, facilitating problem-solving, and opportunities for openly discussing problems and concerns in both individual and group settings.

As the review of the literature indicated, gaining the trust of program participants is an imperative part of the process in working with parents, teen parents in particular (Branch, Riccio, & Quint, 1984; Nickel & Delany, 1985; Weiss & Jacobs, 1988). All of the programs cited clearly define this aspect as important in ascertaining the needs of parents and in gaining understanding of their backgrounds and goals. Customizing the program components to meet individual needs was necessary to program design and could not be achieved without the feeling of mutual trust being established.

Another part of the program consisted of a hands-on project chosen by each participant. The strategy was to focus on the ability of the parent to follow through and be successful which in turn builds self-esteem. This aspect was drawn from programs

which emphasize skill-building as an important component in enhancing self-concept. (Nickel & Delany, 1985; Pooley and Littell, 1986).

Informal group and/or individual sessions in which parenting problems and possible solutions would be discussed was also incorporated into the program. Certain programs cited indicated (Bourque, 1983; Branch, Riccio & Quint, 1984; Wisconsin State Council on Vocational Education, 1990), that the parent educator should act as facilitator by restructuring problems and offering a variety of options. Additionally, the ultimate goal of this strategy was to have the parents themselves come up with acceptable, appropriate strategies for problem-solving.

Report of the Action Taken

During the ten weeks of implementation, the author spent a minimum of two days per week at the facility. (See Appendix A for Proposed Implementation Plan). The first two weeks were devoted to becoming familiar with the participants and gaining their confidence. The author was introduced to the group by the director of the center. She described her role in the practicum setting, and spent time with the group and with each of the participants. The author also gave the participants a brief description of her personal background which included the information that she too, had been a high school drop out. This fact served to point out a common denominator which established a more

informal atmosphere. The author assured the parents that she did not have a direct connection with any of the agencies involved in the funding of the center, that any and all communications would be in confidence and that their identities would not be revealed on any written tests, scales, etc. The author was present at the center when the parents arrived in the morning and was able to observe them interacting with the children. The author also ate with the parents and children and participated in field trips. This involvement was an important part of building relationships and trust with program participants. The author administered the Index of Self-Esteem (Hudson, 1982), and the Ego Identity Scale, (Tan, Kendis, Fine & Porac, 1977), to participants as a pre intervention measurement of self-esteem during the first week.

During the second week, program participants were shown a selection of ten hands-on projects chosen by the author from craft magazines and booklets. They were told that they would be provided with the materials for the project chosen. These choices included decorating hats with fake jewels and paint, hand-painting T-shirts, and making jewelry. They would have seven weeks to complete the project and would then be required to bring the completed product to the center. Participants seemed excited about this part of the program and eagerly chose projects. These choices included decorating hats with fake jewels and paint, hand-painting T-shirts, and making jewelry.

During the initial two weeks, meetings between the author and the parents were very informal and dedicated to listening to the parents' concerns and perceived needs. As the program continued, an atmosphere where parents could speak freely both in the group and individually with the author were provided in order to maintain confidence and trust. Emphasis was placed on confidentiality and the author's availability to each of the participants, not only during group time, but on an individual basis as well.

During the second week of the program the author selected and presented a set of ten parenting problems to the participants and asked them to provide solutions. This strategy was implemented in order to measure the participants' approach to parental problem solving. The results of these measurements were to be compared to post intervention measurements using the same set of problems. Due to the literacy level of most of the participants and the author's observation that, at this time, most were reluctant to speak in front of a group, adjustments needed to be made in order to obtain these measurements. The author decided to meet privately with each participant and to present each problem to them orally and have them respond to them verbally. This was accomplished through the use of a tape recorder. The author would present the problem and then leave the participant alone to record the solution. (See Appendix B) The author also asked

participants to keep a journal of parenting problems faced during the week and to state how they solved each problem. The journal was to be brought to class each week and the contents discussed with the author privately.

"Parenting for Yourself and Your Child," (Bourque, 1983) was chosen by the author for use at this site due to the contents of its curriculum. The program was developed by the Lake Washington Vocational Technical Institute and the Commission for Vocational Education, Washington State. It contains specific materials and lesson plans which allows the educator to facilitate problem-solving on the part of participants. A factor in the selection of this program was that it offered specific strategies and materials for a population which was similar to that of participants at the practicum site. Due to the duration of the practicum project and other considerations, the program was modified by the author. However, due to the design of the "Parenting for Yourself and Your Child" curriculum, each module may be used individually to address specific topics without damaging the program as a whole.

During the third week, the first component of "Parenting for Yourself and Your Child," was presented by the author. The original title for this area was " The Past and Change." The author redefined the title to, "Myself, My Parents, My Children," in order for participants to see the direct correlation between

their past, present and future. Several group exercises (see Appendix B), were introduced which helped participants to recognize the connection between their childhood feelings and those of their own children. The author was careful to arrange for individual time with those program participants hesitant to actively engage in group activities. This was due to the sensitive issues that might be raised in this area.

"Child Development," was the topic of the fourth week of implementation. While this subject was included in the center's curriculum, the author felt it was an important topic and worthy of additional exploration. This was due to the fact that parental problem-solving was to be a measurement of program success and additional knowledge in this area could enhance this skill. Materials relating to child development and developmentally appropriate expectations were discussed and parents were given opportunities to express their opinions and past experiences in this area.

The fifth week was devoted to the topic of "Angry Feelings." Again, several exercises allowed the participants to explore the real feelings behind anger and offered alternative methods for the constructive use of angry feelings. Also covered was how to handle someone else's anger. (See Appendix B).

Week six incorporated discussions and activities centering around the topic of "Guidance." This was a subject that generat-

ed a great deal of discussion and debate, especially when the areas of setting goals, limits, and rules were presented. Child development again surfaced as a guide for developing rules and expectations. These discussions continued during the following session which covered "Discipline" since many of the guidelines referred to guidance and to rules and consequences.

"Problem -Solving and Stress," the topic for week eight was perhaps the most difficult to facilitate. Participants engaged in very lively debate and discussion during this session. While this was a desired outcome on the part of the author, the parents were more eager to express problems than to problem-solve. It took a while to get back on track and discussion continued with individual participants in order to present some problem-solving strategies.

Due to excessive absences of participants during week nine of the implementation phase, the author decided to postpone the "Self-Esteem" component for a week. Instead, discussions were held with those that did attend regarding any particular problems or questions they had in any area. The last session addressed self-esteem and gave participants an opportunity to examine how they felt about themselves. Exercises focused on how to build on their positive rather than negative feelings. The participants also brought in their finished projects which were beautiful. They all expressed their enthusiasm as did the staff and others present at the center.

Discussion of Strategy

During the ten week implementation period an effort was made on the part of the author to implement a program that reflected the findings of the data in the literature review and that addressed the documentation of the problem. The focus of the implementation phase was the importance of participants feelings' about themselves and the enhancement of those feelings. This meant allowing for time to build trust between the participants and the author, hands-on experience that allowed for success, and a curriculum which facilitated problem-solving skills.

The importance of building trust was emphasized by the author in implementing strategy. This enabled the parents to express themselves in an atmosphere which encouraged discussion and diversity of opinion. In addition to the discussions held pertaining to each week's topic, there was time allotted each week for questions or concerns raised by the participants. This was an especially useful strategy in that participants not only expressed their individual concerns, but offered solutions to others in the group.

There were several problems that required deviation from the original implementation plan. (Appendix A) The literacy level of most of the participants required adjustments in presenting materials and measurement tools. Using the tape recorder seemed to be a solution that was acceptable and comfortable for partici-

pants in gathering information about problem-solving skills. There were times when parents were absent during scheduled participation days. Presentation of materials and discussions had to be rescheduled on different days or time set aside with individuals during other activities.

One of the areas that presented the most difficulty in implementing the original plan pertained to assignments. The "Parenting for Yourself and Your Child" curriculum included homework assignments. The homework assigned to participants was rarely completed by them. The journals that the author asked for were not brought to class and participants preferred verbal communication with the author rather than having to write. This may be due to the educational level of most of the participants which varied, but as previously mentioned, none had graduated from high school. During the fifth week, the author decided to abandon homework assignments including the journal assignments.

The materials offered in the "Parenting for Yourself and Your Child" contributed a great deal to the implementation of this practicum project. The author was able to modify the program to suit the needs of the participants and to use those parts of the program relevant to practicum objectives. Discussions arising from each week's topics and materials were instrumental in identifying areas that needed to be further addressed.

The implementation phase clearly filled the need for a program that was exclusively designed to address enhancement of self-esteem. This need had been identified by measurements that reflected low self-esteem on the part of all participants in this current session of the program as well as those who had participated in the past.

CHAPTER IV

RESULTS

The goal of this practicum was to develop a program component that would enhance the self-esteem of abusive and potentially abusive parents and improve their problem-solving skills. Evaluation of intervention strategies was achieved through the use of various tools which included scales that measure problems with self-esteem, and approaches to problem solving skills. Due to the varying levels of literacy of the participants, instruments were carefully selected in order to achieve accurate measurements.

The Index of Self-Esteem (Hudson, 1982), was used to measure problems with self-esteem. It is a Likert Scale consisting of 25 statements with five possible choices for each statement. It is written in simple language which was an important factor in its selection. It has a cutting score of 30, with scores above 30 indicating the respondent has a problem with self-esteem, and scores below 30 indicating no such problem. The Index of Self-Esteem (ISE), may be used by practicum students without permission. (p. 7) Others may write to the author for questions regarding the use of the scale.

The Ego Identity Scale (Tan, Kendis, Fine & Porac, 1977), was used to measure ego identity as defined as an acceptance of self. The scale consists of twelve pairs of statements and

respondents are asked to choose one statement from each pair which best describes them. Scores range from 0 to twelve with scores of five and below indicating a poor self-image, while scores of six and above indicate a positive self-image. The EIS is also written in simple language and is easy to administer. The EIS may be obtained through the journal article listed in the reference section.

The pre-intervention results of both the ISE, and the EIS demonstrated that a majority of the participants exhibited a lack of self-esteem. This lack of self-esteem was also measured by required tests administered to participants as part of the center's own program evaluation. Results of those instruments indicated lack of self-esteem in all participants prior to intervention. The pre-intervention results of the EIS (See Table 4.1), show that five of the seven participants scored five or below on the scale with a range of two to five. Post-intervention scores of the EIS show that scores of all participants increased. Six of the seven participants scored six or above on this scale with a range of six to ten, indicating an improvement in their self-acceptance.

Table 4.1 Ego Identity Scale Results: Pre and Post Intervention

Participant	Pre	Post	+/-
One	5	9	+4
Two	5	6	+1
Three	6	8	+2
Four	6	10	+4
Five	4	7	+3
Six	2	6	+4
Seven	2	5	+3

The pre-intervention results of the ISE (see Table 4.2) show that five of the seven respondents scored above thirty which indicates a problem with self-esteem. The scores for these five participants ranged from 40 to 80, the other two participants scored below thirty on both pre and post measurements. The post-intervention results of the index shows that all participants having scored above thirty prior to intervention lowered their scores to below thirty. These scores ranged from thirteen to twenty-eight and one of the participant's score was reduced by 55 points.

Table 4.2 Index of Self-Esteem: Pre and Post Intervention

Participant	Pre	Post	+/-
One	42	14	-28
Two	40	25	-15
Three	12	13	+ 1
Four	27	13	-14
Five	48	25	-23
Six	64	28	-36
Seven	80	25	-55

Another objective of the practicum project was to improve the ability of the participants to resolve parenting problems appropriately. For the purpose of this practicum objective, "appropriately" was defined by responses that reflect an understanding of acceptable solutions to problem-solving. This includes age and developmentally appropriate expectations of children as well as non-abusive approaches to discipline and guidance. The author developed a set of ten parenting circumstances that would require the participants to provide answers. (See Appendix B).

The questions included common problems which parents may encounter with children of different ages. Situations presented

include a three-year-old who wets the bed, a four-year-old who curses, and a two-year-old that is not potty trained yet. The author assigned one point for each of appropriate answer. Pre-intervention measurements show that four of the participants responded appropriately to only two of the situations, with the other three participants responding appropriately to three of the problems. The post-intervention responses indicated that all participants improved in this area with a range of six to nine appropriate solutions. The objective was for five of the seven participants to improve their problem-solving skills by 40% All participants improved in this area by at least 50%

These findings indicate that the intervention implemented in this practicum project were successful in meeting objectives:

1. EIS scores of five of the seven participants increased by at least three points. ISE scores of five of the seven participants improved by at least ten points.

2. The ability on the part of parents to resolve parenting problems in a non-abusive, age and developmentally appropriate manner increased by at least 40%

CHAPTER V

CONCLUSIONS AND RECOMMENDATIONS

Conclusions

The problem addressed during this practicum project was the need for a program component that enhanced the self-esteem of abusive and potentially abusive parents. The intervention strategy included: gaining the confidence of the participants, using a curriculum that allowed them to explore and express their feelings about their past and future as they related to their parenting skills, as well as presentation of situations that challenged parental problem-solving. The evaluation tools used as pre and post measurements indicated that solution strategies were successful in achieving objectives.

The author's view is that a great deal of the success of this intervention had to do with the individual attention that each parent received. Taking the time to build relationships with the parents, and assuring them of confidentiality, was important in gaining their trust. Participants frequently requested time alone with the author to discuss specific problems or concerns. They also indicated that they appreciated and looked forward to discussions both during group and individual sessions. Branch, Richio and Quint (1984), emphasize the importance of allowing parents an opportunity to freely discuss their concerns in a supportive atmosphere as part of a program component addressing self-esteem.

The "Parenting for Yourself and Your Child," (Bourque, 1983) curriculum contained materials which focused on building self-esteem. The curriculum was specifically designed for use with abusive teenage parents, and addressed topics that allowed participants to recognize that change was possible. The majority of the participants were teens who had themselves been brought up in an abusive atmosphere. They had not had been able to explore issues that contributed to their identity and self-image; the components of this curriculum provided that opportunity.

The presentation of common problems encountered by parents allowed the participants to build problem-solving skills. The parents were able to analyze situations and find ways to approach them in a non-abusive manner. The recognition that certain behaviors are exhibited by children during specific developmental stages helped parents understand and accept those behaviors. The parents also learned to use guidance instead of punishment when children exhibited unacceptable or inappropriate behavior.

The measurable results of this intervention indicate that the program was successful. The Index of Self-Esteem (Hudson, 1982), and the Ego Identity Scale (Tan, Kendis, Fine & Porac, 1977), are both measures of self-image which were administered to participants both pre and post-intervention. Results of both these scales indicate that at least five of the seven participants improved in this area. In addition, all of the partici-

pants significantly improved in the area of solving parenting problems in an appropriate and non-abusive manner. This area was measured pre and post using an instrument developed by the author. Ten parenting situations were introduced to the participants and they were asked to present solutions. Post-intervention measurements show that the practicum goal was met. Five of the seven participants improved their ability to problem-solve in a non-abusive and appropriate manner by at least 40% over pre-intervention results. Anderson and Lauderdale (1982) point out that abusive parents need to feel good about themselves in order to be able to take a non-abusive approach to parenting. The outcomes of this intervention seem to support those findings as well as those of Braun and Fuscalco (1988) who also indicate that teen parents with high self-esteem use less abusive methods of discipline and guidance.

In summary, the participants in this practicum project benefited from the intervention implemented. The strategy employed was drawn from existing models and programs which dealt with both adolescent and abusive parents. Enhancing self-esteem was addressed by allowing participants to voice their concerns and problems as well as by presentation of materials that allowed them to further learn about and explore their own feelings. The results indicate that this approach allows parents to feel better about themselves, and in turn, improve their problem-solving skills.

Recommendations

The author highly recommends this type of program for those who want to enhance self-esteem in abusive parents. However, it is important to point out that this type of approach was successful due to the small number of participants, and the use of an existing curriculum designed for this population.

Those interested in duplicating this program need to consider several factors:

1. If time permits, expanding the program to include the entire "Parenting for Yourself and Your Child" curriculum.

2. In a program similar to that of this practicum setting, the addition of a part-time staff member to implement the program might be necessary. The author was not a member of the staff in the practicum setting, and the present staff would not have the time to implement this program.

Plans

The results of this practicum project were shared with the all those connected with the practicum program site. The staff as well as administrators were anxious to add a component that would address the enhancement of self-esteem. Funding for an outreach worker has been requested and granted. She will be working with teen parents using some of the same strategies that were implemented in the practicum.

In her work as a trainer of early childhood teachers, the author hopes to emphasize the importance of a conscious effort to raise the self-esteem of parents. Teachers often have no difficulty in devising methods to do so with children, yet sometimes fail to realize that parents are also need help in this area. The author also expects to be conducting parent workshops which will contain parts of the practicum project components.

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APPENDIX A

PROPOSED IMPLEMENTATION PLANS

Proposed Implementation Plan

During the ten weeks of implementation, the author will spend two days per week at the facility. Mornings will be utilized to observe the parents interacting with their children. Two hours of the afternoon will be spent working with the parents on the program implementation. The fact that there are only eight parents involved in the program will facilitate program activities that will concentrate on each individual participant and her needs.

Gaining the confidence of the participants: This will be on ongoing process during the ten weeks of implementation. The initial meetings between the author and the parents will be very informal and will be dedicated to listening to the parents' concerns and perceived needs. As the program continues, an atmosphere where parents can speak freely both in the group and individually with the author will be provided in order to maintain confidence and trust. Emphasis will be placed on the author's role as being available to the each of the participants on an individual basis, and that they need not wait until group time to express themselves.

Hands on projects: During the second week of implementation, the author will provide a variety of options to the parents regarding projects that they can make. The process of selection will be carefully discussed between the author and each partici-

pant to ensure that the parent feels comfortable about the project and that the author is available for guidance. All the project choices will be ones that can be constructed from common household items in order to avoid excessive expenses. The staff of the center, the author and the participants will all gather the materials. In addition, a child care center has offered to provide some of the necessary materials for the projects, if needed. The projects may be completed at any time during the following seven weeks, but will be due by the end of the eighth week. The projects will be displayed for the staff, other parents and volunteers at the end of the ninth week. All participants will receive recognition for the completed projects. This task is designed to help participants feel good about their accomplishments while at the same time guide them through problems that they may encounter during the project.

Informal and formal group/individual parenting problem-solving: This will be ongoing and will take place during the first hour of the weekly sessions with the parents. This timing is chosen in order to allow participants to express any problems, questions, successes, etc., experienced during the previous week. The sessions will be guided by those issues that are important to the parents. If individuals need to speak to the author individually, time will be set aside for that discussion. If no subject is decided upon, the author will provide materials that the participants may choose from for informal discussions and information

gathering. A variety of materials will be available during these sessions in order to allow participants to choose topics and methods that interest them which have to do with parenting and life skills. These sessions will begin during the third week of implementation in order to allow time for the author and the parents to get to know each other. A total of eight hours during the ten weeks are to be allocated to these sessions.

Curriculum: During the third week, a program which will be geared toward self-exploration and change will be introduced to participants. This program is similar to the one presented in Parenting for Yourself and Your Child, (Bourque, 1983). One hour per week will be devoted to different topics that will address the issues of how a parent's knowledge about themselves and their child influences parenting skills. Participants will also be given homework in this program. This homework will consist of implementing the skills discussed in each workshop by keeping a journal of problems that present themselves weekly and the participant's solution to the problems. These sessions will be more structured than the individual/group sessions previously described. This program is designed to encourage non-abusive approaches to parenting problems and to improve problem-solving skills. The topics to be covered are as follows:

Week 3 - Myself, My Parents, My Children

Week 4 - Child Development and My Children

Week 5 - Angry Feelings

Week 6 - Guidance-What is it? Why?

Week 7 - Discipline

Week 8 - Problem Solving and Stress

Week 9 - Self-Esteem

Week 10- How to Get What You Need From Resources

Each participant will review journal entries with the author on a weekly basis. The journal of each participant will serve to document the participant's improvement in the area of problem-solving. The confidentiality of journal entries will be guaranteed by the author in order to encourage honest responses.

Throughout the implementation phase of the practicum, the author must be aware of the difficulties that may be encountered. Provisions need to be made if a participant needs to leave the center during scheduled sessions. This has been cleared with the center director who will allow time for participants to make up time missed, or to speak to the author during other times if a parent wishes to do so. The author will be available to the parents at all times during the two days they are required to spend at the center. There should be no problem in accomplishing the tasks within the ten week period.

APPENDIX A

SUMMARY OF INTERVENTION STRATEGY

Summary of Intervention Strategy

Week 1: Introductions, interactions with each participant. Administer ISE and EIS (Appendices A and B).

Week 2: Selection of Hands-On projects. Bring in at least 10 choices for participants. Explain that supplies will be distributed during week 3 and projects are to be completed by week 9.

Presentation of parenting problems. Present following problems and ask parents to record solutions using tape recorder.

1. Three-year-old has a tantrum in the supermarket.
2. Four-year-old refuses to go to bed, keeps stalling, asking for drinks, etc.
3. Two-year-old won't share with friends. Hits and bites when others try to play with his toys.
4. All the other two-year-olds you know are potty trained, yours is not.
5. Three-year-old refuses to eat at dinner time and then wants snacks before going to bed.
6. Four-year-old has been cursing lately.
7. Two and one half-year-old will not stay away from the items on your living room table.
8. Four-year-old has imaginary friend and is constantly talking to it.
9. Eighteen-month-old is constantly hitting others including parents.
10. Three-year-old has been dry during the day for a year, but wets the bed during the night.

Weeks 3-9: Most of mornings devoted to parent-child interaction and author's interaction with parents in the child care center. Initiated each session with opportunities for participants to express their concerns or problems encountered during past week. Also used this opportunity for others in the group to offer solutions or ways of finding them such as materials available from center or brought in by author.

Introduced curriculum from "Parenting for Yourself and Your Child." (This curriculum is available through ERIC document ED23642 and may be duplicated and used without permission by giving credit to Lake Washington Vocational Technical Institute, and the Commission for Vocational Education, Washington State). All questionnaires, exercises and other materials used during weeks 3-10 are from this curriculum. Each session begins with a relaxation exercise which is also part of this curriculum.

Week 3: Topic for third week-Myself, My Parents, My Children. The purpose of this session is to bring together the elements of the participants past as they relate to the present and future.

Class Exercises:

1. Centering-Relaxation exercises followed by recollection of pleasant childhood experience to be shared with rest of group.

2. Questionnaire: The Child I Was. Remembering yourself as a child to help understand and sympathize with how your child feels. The questionnaire helps to arouse memories and feelings.

3. Handout- My Parents- Deciding which strategies used by their parents are ones the participants would duplicate and those that they would rather not repeat.

4. Handout- Discipline- how were participants disciplined and how do they see this as influencing them with their children?

5. Discussion-what would they change about their childhood experiences? How will this affect their parenting choices?

Week 4: Child Development. Distribute developmental questionnaires. One questionnaire is a quiz to see how much parents know about child development and expectations. The other is a post quiz on the same subject. During class time a summary of developmental stages is distributed and a discussion of its contents follows. The post quiz is also discussed with references to appropriate solutions to problems posed.

Week 5: Angry Feelings. This session is devoted to exploring feelings of anger and to practice constructive ways of dealing with anger.

1. Anger Inventory-explores the way people get angry and under what circumstances as well as how they handle their anger.

2. Read to group- Anger Is Not The First Thing You Feel. These situations are those usually related to anger-participants are asked to explore what the primary emotion is and to relate that to situations in which they and their children become angry. This paves the way for understanding how to deal with that anger in addressing the primary emotion rather than the anger.

3. Constructive use of anger-the steps necessary to accomplish this by identifying the problem, expressing feelings, specification of what you expect from others, and consequences.

4. Exercise-Experiencing Someone Being Angry at You- this exercise suggests ways to deal with anger from others.

Week 6: Guidance: Definition given to participants-guidance is the leading and teaching of socially acceptable behavior to children.

1. Defining goals for our children. Participants write down short and long term goals.

2. Methods for guidance-discussion of necessary skills and knowledge for guidance.

3. Connection between goals and values and goals and behavior. Discussion of long and short term goals.

4. Importance of rules as being essential to setting of values.

Week 7: Discipline- this topic continues the guidance discussion by asking- What happens when the rules are broken?

1. Discipline is not punishment. Differences between two being negative vs. positive. Discipline should be a tool to teach children and should be used to guide into proper behavior.

2. Alternatives to punishment will be discussed.

3. Role playing activity-participants asked about behavior they would like to change in their child. Behavior acted out and others in group offer alternatives to punishment.

Week 8: Problem Solving and Stress-This session deals with strategies to deal with stress and steps to problem-solving.

1. Participants asked to identify stress they are currently encountering.

2. How do you handle it?- Participants asked how each of them handles their stress.

3. Different types of stress-from within, without and from others.

4. What works best? Discussion about methods that may help reduce stress.

5. Problem solving-Identifying problems and identifying realistic and logical choices.

6. Prioritizing problems using a handout-The Problems of Angie C.- asking participants to list which problems must be dealt with immediately and which can be put on hold.

Week 9: Too many absences to deal with topic designated for week. Spoke with parents who attended and asked them to remember to bring projects for next week. Interacted with children and parents on the playground and in center.

Week 10: Self-Esteem

1. Introduction-ask participants to imagine a book with two blank pages facing each other. Imagine on one side the things that you think you do well, on the other the things you don't think you do well and will never try. Ask participants to write

down both categories assuring them that no one else will see them.

2. Where our self-image comes from-how others influence us.

3.Exercise: Twinning. Telling others good things about themselves and telling ourselves good things about ourselves. Which one is easier?

4. Finding a partner a spending 1 minute describing to them the good things about yourself.

5. Circle game-using ball, person throwing it must say something positive to person ball thrown to.

6. How to build your own self-esteem-exercises that help you feel good about yourself and can be practiced daily.

Projects brought in and presented for everyone to see-special dessert day to celebrate.

During the tenth week extra time was spent at the center in order to administrate the evaluation materials.

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Education

Doctor of Science, The John Hopkins University School of Hygiene and Public Health, Maternal & Child Health, Child Development, 1986.

Bachelor of Arts, Shepherd College, Psychology, 1981

FACULTY APPOINTMENTS

Associate July 1, 1988 - June 30, 1989
Research Associate July 1, 1985 - June 30, 1988
Department of Maternal and Child Health
Johns Hopkins University School of Hygiene and Public Health

SCHOLARSHIPS & HONORS

Funded Postdoctoral Study at the University of London, Department of Child and Adolescent Psychiatry, 1987
Johns Hopkins University Full Graduate Scholarship, 1983-1986
Psychiatric Epidemiology & Biostatistics National Research Service Award, 1982
Who's Who in American Universities & Colleges, 1981
McMurran Scholar, 1980

PROFESSIONAL AFFILIATIONS

Leadership Hillsborough
National Association for Education of Young Children
Florida Association for Education of Young Children
Southern Association on Children Under Six
Florida Association on Children Under Six
Hillsborough County Association on Children Under Six

OFFICES HELD

Vice President Elect, Maryland Association for Education of Young Children, 1989-1990

PROFESSIONAL POSITIONS

7/91 to Present — Director, the Program to Improve the Early Childhood Training Capacity of Hillsborough County (Project PITCH) Nova University, Tampa, Florida

Direct a project designed to improve the quality of child care in Hillsborough County, Florida, through 1) facilitating the NAEYC accreditation process of fifteen selected child care centers annually; 2) providing Child Development Associate (CDA) classes, supervision, and facilitating the CDA assessment process; 3) setting up a resource library available to all child care staff; and 4) publishing a newsletter to inform child care teachers and directors of developments and innovative ideas in the field. Directing all project activities., including fiscal, operational and edducational.

Direct responsibility for directors' workshops; regular visits to child care centers to facilitate accreditation process; editing and contributing articles to the newsletter; training child care substitute providers; facilitating good relationships with community and outside agencies; supervising project staff; directing all project activities., including fiscal, operational and educational

1/91 to 7/91 — Director of Children's Services, Lutheran Ministries of Florida, Tampa, Florida

Established and directed new developmentally appropriate child care center for at-risk children. Recruited, hired and supervised staff. Managed all budgets, financial reports, communication with funding agency and other outside organizations, and fund raising. Responsible for materials acquisition, room arrangement, curriculum, and adult-child interactions in accordance with NAEYC guidelines for developmentally appropriate child care centers.

Served as consultant to other Lutheran Ministries of Florida child care centers in areas of program development, staff training and supervision, and management.

1/91 to 7/91 — Consultant, University of South Florida, Department of Community and Family Health - Tampa, Florida

Served as consultant to Early Intervention Project in areas of disabled children's services and data analysis.

1989 to 1990 — President and Director, Dr. Z's Child Care Center, Inc., Kensington, Maryland

Within five months period, transformed concept of needed service into a thriving business. Founded, raised capital for, organized and directed after-school licensed child care center where 98% of parents rated it "best or tied with the best" or better than other" child care arrangements ever used.

Directed marketing. Was full with waiting list one week after opening (52 child capacity).

Managed daily operations of center: directed personnel; managed budget of $85,000, including payroll, accounts payable, accounts receivable, purchasing; designed stimulating program for children; conducted research on program, altered program based on findings.

1988 to 1989 — Private Consultant, Baltimore, Maryland. Projects include:

Conducted evaluation of service delivery and management of child care centers and family support centers for private non-profit organization. Led discussions between board members and program manager to articulate goals and objectives of programs. Wrote report of findings and recommendations for improvement. Resulted in restructuring of organization and changes in services provided.

Consulted to research project to study newborn services, child health outcomes and maternity services in five states and the District of Columbia. Directed creation of data set containing health services and outcome information for 358,879 births, adjusted for compatibility between states. Conducted data analyses, summarized data. Acted as liaison between university researchers, state governmental managers and vital records personnel. Co-produced data book used by state governments and hospitals in long term planning. Co-authored publications and presentations.

Was hired by non-profit organization to write business plan to attract another organization to open and operate child care center. Was successful and center is currently operating.

1982 to 1987 — Johns Hopkins University School of Hygiene and Public Health, Baltimore, Maryland (specific titles, dates, and accomplishments detailed below)

1987 — Academic Visitor, University of London, London England (sabbatical)

Developed theroetical model of the development of self esteem in children. Presented model at departmental seminars.

Researched, toured and observed child service delivery organization in England.

1986-1987 — Research Associate (Faculty Position)

Directed child care research project resulting in scientifically meritorious findings. Co-authored peer-reviewed article and presentations.

Revised analytic design to utilize state-of-the-art statistical techniques. Implemented software to perform new techniques.

Led research team. Acted as liaison between research team, funding agency, data collection site, and software developers.

Taught graduate courses in Child Development, Research Methods, and Maternal and Child Health.

1982-1986 — Doctoral Student

Completed course work in Child Development, Program Administration and Organization, Maternal and Child Health, Psychiatric Epidemiology.

Conducted original research dissertation project on the development of intelligence in children.

1985 to 1986 — Policy Analyst, United States Department of Education, Washington, D.C.

Prepared legislative briefing material for U.S. Secretary of Education and other officials. Reviewed grant proposals. Monitored state education programs.

1981 to 1982 — Research Assistant, Department of Psychiatry, Johns Hopkins university School of Medicine, Baltimore

Conducted data collection for clinical trial of psychotropic medicine for depressed cancer patients. Conducted data analyses. Co-authored book chapter.

1975 to 1985 — Taught in children's programs including the Early Childhood Learning Center; Head Start; Shepherd College Nursery School; public school kindergarten, first, and third grades; the Baltimore Association for Retarded Citizens; United Cerebral Palsy; Maryland Schools for the Deaf and Blind, the Howard County Developmental Clinic for Children with Special Needs; and the West Virginia Schools for the Deaf and Blind.

Specific dates, duties, and locations available upon request.

TEACHING

Child Development Associate classes, Nova University 1992- Present

Child care staff training, Luther Village Child Care Center, 1991

Practicum in Positive Interactions with Children in Group Setting, Dr. Z.'s Child Care Center, 1990

Private Instruction in Research Methods and Computer Based Data Analysis, Department of Maternal and Child Health, Johns Hopkins University, 1989

Theoretical Research Issues, Department of Maternal and Child Health, Johns Hopkins University, 1987

Practical Research Issues, Department of Maternal and Child Health, Johns Hopkins University, 1987

Developmental Assessments of Infants and Children, Department of Maternal and Child Health, Johns Hopkins University, 1986

Introduction to Psychology, Department of Psychology, Shepherd College (Teaching Assistant), 1981

PEER-REVIEWED PUBLICATIONS AND PRESENTATIONS

Alexander, G.R., Petersen, D.J., Tompkins, M.E., & Zinzeleta, E.M. (1989, November). A Regional Comparative Assessment of Prenatal Risk Factors and Pregnancy Outcomes. Paper presented at the National Perinatal Association Conference, Washington, D.C.

Alexander, G.R., Petersen, D.J., Zinzeleta, E. M., & Tompkins, M.E. (1989, October). Development and Use of Vital record Data-Based Pregnancy Files. Paper presented at American Public Health Association Annual Meeting, Chicago.

Alexander, C.S., Zinzeleta, E.M., Mackenzie, E.J., Vernon, A., & Markowitz, R. K. (1990). Acute Gastrointestinal Illness and Child Care: National Estimates. American Journal of Epidemiology, 131 (1), 124-131.

Alexander, C.S., Zinzeleta, E.M., Mackenzie, E.J., Vernon, A., Markowitz, R. K. & McLaine, P. (1987, October). Day Care and Acute Illnesses in Preschoolers. Paper presented at American Public Health Association Annual meeting, Maternal and Child Health Section, New Orleans.

INVITED PUBLICATIONS AND PRESENTATIONS

Zinzeleta, E.M., (1993, January). Learning through Play Presentation to Palma Ceia Presbyterian Parents of Preschool Children.

Zinzeleta, E.M. (1992, November). Using NAEYC Accreditation and CDA Training to Improve the Quality of Child Care. Paper presented at NAEYC Annual Conference.

Zinzeleta, E.M. (1991, June). Child Care Programs. Guest lecture in Child Health Programs in Care Settings, Department of Community and Family Health, University of South Florida, Tampa, FL.

Zinzeleta, E.M. (1989, October). Public Health Aspects of Child Care. Guest lecture in Selected Topics in Maternal and Child Health, Department of Maternal and Child Health, Johns Hopkins University, Gaithersburg, MD.

Zinzeleta, E.M. (1988, February). Instrument Validity and Reliability. Guest lecture in Theoretical Methods in Maternal and Child Health Research, Department of Maternal and Child Health, Johns Hopkins University, Baltimore.

Zinzeleta, E.M. (1987, December). Self Esteem: Theoretical Formulations and Successful Intervention Strategies. Paper presented at Research Seminar, Department of Child and Adolescent Psychiatry, Institute of Psychiatry, University of London, London England.

Zinzeleta, E. M. (1987, December). Review of Selected Works on Self Esteem. Paper presented at meeting of Journal Club, Department of Child and Adolescent Psychiatry, Institute of Psychiatry, University of London, London, England.

Zinzeleta, E.M. (1987, April). An Investigation of Selected Relationships Between Infants Skills and Mental Skills During the School Age Period. Paper presented at Research Seminar, Child and Family Research Section, National Institute of Child Health and Human Development, NIH, Bethesda, MD.

Zinzeleta, E.M. (1987, January). Day Care from a Public Health Perspective. Guest lecture in Careers in Public Health, The Johns Hopkins University School of Hygiene and Public Health, Baltimore.

Alexander, C.S., & Zinzeleta, E. M.,(1986, July). Developing a Classified Scheme for Acute Pediatrics Illnesses Using Data from the 1981 Health Interview Survey. Paper presented at the 1986 National Center for Health Statistics Data Tape Conference, Hyattsville, MD.

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